PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. First Inventor

Only for new nonprovisio	nal applications under 37 CFR 1 53(b))	Express Mail Label No.
APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application
See MPEP chapter 600 concerning utility patent application contents.		Washington, DC 20231
1. Fee Transmittal F (Submit an original and a Applicant claims s See 37 CFR 1.27 3. Specification (preferred arrangeme Descriptive title - Cross Referenc - Statement Reg - Reference to se or a computer p - Background of - Brief Summary - Brief Descriptic - Detailed Descr - Claim(s)	form (e.g., PTO/SB/17) Induplicate for fee processing) Induplicate for fee processing) Industrial Pages 79 Ind	7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) 8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) a. ☐ Computer Readable Form (CRF) b. Specification Sequence Listing on: i. ☐ CD-ROM or CD-R (2 copies); or ii ☐ paper c. ☐ Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. ☐ Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement ☐ Power of
- Abstract of the		10. (when there is an assignee) Attorney 11. English Translation Document (if applicable)
5. Oath or Declaration	I.S.C. 113) [Total Sheets 5]	Information Disclosure Copies of IDS
a. Newly exect Copy from a (for continual in 1.63(d)(2) Application Data	uted (original or copy) I prior application (37 CFR 1.63 (d)) Ition/divisional with Box 17 completed) ION OF INVENTOR(S) Itement attached deleting inventor(s) the prior application, see 37 CFR and 1 33(b). Sheet. See 37 CFR 1.76 CATION, check appropriate box, and supply	Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Other: The requisite information below and in a preliminary amendment.
Continuation	Divisional Continuation-in-part (CIP)	of pnor application No
Prior application information:	Examiner	Group / Art Unit
Box 5b, is considered a part of	the disclosure of the accompanying continuation	rior application, from which an oath or declaration is supplied under on or divisional application and is hereby incorporated by reference. ntly omitted from the submitted application parts.
	18. CORRESPONDEN	NCE ADDRESS
Customer Number or Bar Cod	de Label tinsen Customer No. or Atlach ber o	or Correspondence address below code label hare):
Name	JAMES A. LEHMA	Ju -
	0.0.0.0.0.0.0	
Address	P.O. BOX 373	
City	Δ .	State WI Zip Code 54936
Country	FOND W LAL Telep	phone 920-921-3464 Fax (NOME)
Name (Print/Type)	JAMES A. LEHMAN	Registration No. (Attorney/Agent)
Signature	James A. Lehm	Date JULY 18, 2001

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In the United States Patent and Trademark Office

	Mailed
Commissioner of Patents and Trademarks Washington, District of Columbia 20231	
Sir:	
Please file the following enclosed patent application paper	rs:
Applicant #1, Name: JAMES A. LEHMA	NÍ
Applicant #2, Name:	
Title: PIONEER METHOPS. And WEBENABLED A LIST OR NON LIST, ON THE INTERNET OF: Specification, Claims, and Abstract: Nr. of Sheets	PPARATUSES, FOR USING ANY KIND OF CONCEPT, ENTERNET LINE MEANS TO CREATE OR INVENT WI 19
図 Declaration: Date Signed: フィュリッタ, 2001	· · · · · · · · · · · · · · · · · · ·
☑ Drawing(s): Nr. of Sheets Enc.: (In Triplicate): Formal:	Informal:
☐ Small Entity Declaration Of Inventor(s) ☐ SED of No.	on-Inventor / Assignee/Licensee
☐ Assignment; please record and return; recordal fee en	closed.
☑ Check for \$ 355.00 for:	
	ndependent claims and twenty total claims are
\$ Additional if Assignment is enclose	ed for recordal.
Return Receipt Postcard Addressed to Applicant #1.	47000 0600 0029 1610 3830 CRRTIFIED MAIL
Request Under MPEP § 707.07(j): The undersign if the Examiner finds patentable subject matter discloss present claims are not entirely suitable, the Examiner of	ned, a pro-se applicant, respectfully requests that ed in this application, but feels that Applicant's
Very respectfully, Tames A Lehman	
Applicant #1 Signature A	pplicant #2 Signature
Address (Send Correspondence Here) A P. O BOX 373, FOND OU LAILM 54936	ddress
Express Mail Label #	; Date of Deposit 199
I hereby certify that this paper or fee is being deposited w *Express Mail Post Office To Addressee* service under 37 addressed to *Commissioner of Patents and Trademarks,	CFR 1.10 on the date indicated above and is
Signed:	

Inventor

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

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goria to a conection of another	lation divisos it displays a valid ONIS control fluttiber.			
Complete if Known				
Application Number				
Filing Date				
First Named Inventor				
Examiner Name				
Group Art Unit				
Attorney Docket No.				

METHOD OF PAYMENT	FEE CALCULATION (continued)			
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to	3. ADDITIONAL FEES Large Entity Small Entity			
Deposit Account	Fee Fee Fee Fee Fee Code (\$) Code (\$)	Fee Paid		
Number	105 130 205 65 Surcharge - late filing fee or oath			
Deposit Account Name	127 50 227 25 Surcharge - late provisional filing fee or cover sheet			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	139 130 139 130 Non-English specification			
Applicant claims small entity status.	147 2,520 147 2,520 For filing a request for ex parte reexamination			
See 37 CFR 1 27 2. Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to Examiner action			
2. Payment Enclosed: Check Credit card PMoney Order Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
FEE CALCULATION	115 110 215 55 Extension for reply within first month			
1. BASIC FILING FEE	116 390 216 195 Extension for reply within second month			
Large Entity Small Entity	117 890 217 445 Extension for reply within third month			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118 1,390 218 695 Extension for reply within fourth month			
	128 1,890 228 945 Extension for reply within fifth month			
101 710 201 355 Utility filing fee \$355.50	119 310 219 155 Notice of Appeal			
107 490 207 245 Plant filing fee	120 310 220 155 Filing a brief in support of an appeal			
108 710 208 355 Reissue filing fee	121 270 221 135 Request for oral hearing			
114 150 214 75 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding			
	140 110 240 55 Petition to revive - unavoidable			
SUBTOTAL (1) (\$)	141 1,240 241 620 Petition to revive - unintentional			
2. EXTRA CLAIM FEES	142 1,240 242 620 Utility issue fee (or reissue)			
Fee from Extra Claims below Fee Paid	143 440 243 220 Design issue fee			
Total Claims 20 -20** = X = =	144 600 244 300 Plant issue fee			
Independent Claims - 3** = X =	122 130 122 130 Petitions to the Commissioner			
Multiple Dependent =	123 50 123 50 Petitions related to provisional applications			
	126 240 126 240 Submission of Information Disclosure Stmt			
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)			
103 18 203 9 Claims in excess of 20	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))			
102 80 202 40 Independent claims in excess of 3	149 710 249 355 For each additional invention to be			
104 270 204 135 Multiple dependent claim, if not paid	examined (37 CFR § 1.129(b))			
109 80 209 40 ** Reissue independent claims over original patent	179 710 279 355 Request for Continued Examination (RCE)			
110 18 210 9 ** Reissue clams in excess of 20 and over original patent	169 900 169 900 Request for expedited examination of a design application			
SUBTOTAL (2)	Other fee (specify)			
**or number previously paid, if greater; For Reissues, see above	Reduced by Basic Filing Fee Paid SUBTOTAL (3)	+		
CHRISTIAN DV				

Complete (if applicable) Registration No. (Attorney/Agent) Name (Print/Type) LEHMAN Telephone 920-921-3464 Signature shman JULY 18,2007

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- CERTIFIED:

7000 0600 0029 1610 3830

Assistant Commissioner for Patents Washington, D.C. 20231

on JULY 18,2001

Date

Signature

JAMES A. LEHMAN

Typed or printed name of person of signing Certificate

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